

Unannounced Care Inspection Report 26 May 2016



Collegeland Nursing Home

Type of Service: Nursing Home

Address: Lislasly Road, Aughanlig, Dungannon, BT71 6SR

Tel No: 028 3889 1487

Inspector: Sharon Loane

1.0 Summary

An unannounced inspection of Collegeland Nursing Home took place on 26 May 2016 from 10.30 to 16.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A review of systems and processes evidenced that care was safe. The recruitment and induction of staff was managed appropriately and training had been provided in all mandatory areas and was kept up to date.

The registered manager and staff spoken with demonstrated their knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding. Staff spoken with described their roles with enthusiasm and was proud to be part of the team within Collegelands Nursing Home.

The planned staffing levels were adhered to and reviewed in accordance with the assessed needs of the patients accommodated.

The home was found to be clean, comfortable and warm throughout and there were plans in place for a building extension and refurbishment and works were due to commence, July 2016. These improvements will further enhance the homes environment and the experience for patients accommodated. Requirements made at a previous care inspection, pertaining to infection control and the environment had been actioned appropriately. Fire exits and corridors were maintained clear from clutter and obstruction.

Is care effective?

It was evident that care was effectively managed and delivered with positive outcomes for patients. Care records accurately reflected the assessed needs of patients and were kept under review and where, appropriate, adhered to recommendations made by other healthcare professionals. A recommendation has been made in regards to the recording of “release schedules” used in relation to the use of restraint and or restrictive practices.

Staff stated that there was effective teamwork; this was also evidenced through discussion and observation of interactions throughout the inspection process.

All patients and representatives spoken with commented positively regarding the care they received and the caring disposition of staff and management.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely and patients confirmed that they were afforded choice, privacy, dignity and respect. Staff demonstrated detailed knowledge of patients' wishes, preference and assessed needs as identified within the patients' care plan. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and interactions with staff.

There was evidence that care was delivered compassionately and the home ensured that the holistic needs of the patients were met. For example, in meeting the religious/spiritual needs of the patients and also their involvement with the John's Campaign, which provided assurances that when a patient with a dementia diagnosis was admitted to hospital, the home would try their best to make arrangements for a carer to be present with the patient at various stages through their hospitalisation (refer to section 4.5 for further information). The home is commended in this regard.

Is the service well led?

There was clear evidence that systems and processes were in place and effectively managed to ensure the delivery of safe, effective and compassionate care. A recommendation has been made to ensure that any audits completed with identified actions or improvements are re-audited to ensure that the required actions have been taken and are effective. Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events, complaints, and/or potential adult safeguarding concerns were investigated and reported to RQIA or other relevant bodies appropriately.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 2 |

Details of the QIP within this report were discussed with Ann Keppler, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

2.0 Service details

| | |
|---|--|
| Registered organisation/registered person: Roughan Care Ltd Mr Patrick Mc Avoy | Registered manager: Ann Keppler |
| Person in charge of the home at the time of inspection: Ann Keppler | Date manager registered: 13 March 2014 |
| Categories of care: RC-I, RC-PH, NH-DE, NH-I, NH-PH, NH-PH(E) | Number of registered places: 26 |

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal information received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre assessment inspection audit

During the inspection, we met with ten patients individually and with others in small groups; two patient's relatives, two registered nurses, three care staff and two ancillary staff and a facilitator providing training on the day of inspection. Ten questionnaires were also issued to relatives and staff, five to patients with a request that they would be returned within one week from the date of inspection.

The following information was examined during the inspection:

- validation of evidence linked to previous QIP
- three patient care records
- a sample of staff duty records
- staff training matrix
- one staff recruitment file
- staff induction records
- complaints record
- NMC & NISCC records
- incident and accident records
- records of staff meetings
- a sample of audits
- Annual Quality Report 2015 -2016
- Reports of monthly monitoring visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 April 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated during the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 9 July 2015

| Last care inspection statutory requirements | | Validation of compliance |
|---|---|--------------------------|
| <p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that all issues identified in section 5.5.1 of the report pertaining to infection control are addressed to minimise the risk of infection and spread of infection between patients and staff.</p> <p>Action taken as confirmed during the inspection: A number of chairs had been purchased since the last inspection. Curtains had been replaced in the identified bedrooms and the glass panels in the identified windows had also been replaced.</p> <p>The home have submitted a variation to RQIA for an extension and advised that the other issues identified at the last care inspection will be actioned as part of these works to include; the removal of the bedpan washer, replacement flooring and furnishings and the wooden partition between the lounge and dining room.</p> <p>This requirement has been met.</p> | <p>Met</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that areas identified in section 5.5.1 of the report in regards to the condition of the premises are actioned to ensure a good state of repair externally and internally.</p> <p>Action taken as confirmed during the inspection: A number of areas have been actioned appropriately and any outstanding environmental issues are being addressed as part of the planned building works due to commence July 2016. RQIA have been notified of the proposed extension and improvement works.</p> <p>This requirement has been met.</p> | <p>Met</p> |

| Last care inspection recommendations | | Validation of compliance |
|---|--|--------------------------|
| Recommendation 1 Ref: Standard 20.2 Stated: First time | It is recommended that care plans are developed to include patients/family wishes with regards to end of life care, death and dying to enhance the delivery of person centred care in this regard. | Met |
| | Action taken as confirmed during the inspection: A review of care records evidenced that care plans had been further developed in this area of practice and included DNAR, spirituality and care arrangements for end of life care. This recommendation has been met. | |

4.3 Is care safe?

The registered manager confirmed the current occupancy levels of the home and the categories of care for each patient accommodated. This information confirmed that the home was operating in accordance with their certificate of registration. The planned daily staffing levels for the home were discussed and a review of the duty rota confirmed that these were adhered to on the day of inspection. The registered manager advised that these levels were subject to regular review to ensure the assessed needs of the patients were met. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

A review of the duty rota clearly identified the nurse in charge in the absence of the registered manager. The registered manager advised that they signed the duty rota at the end of each working week to confirm that the hours had been worked by staff. A discussion with one nursing sister confirmed that they were given the relevant information to undertake the role and were knowledgeable regarding management issues. A review of a competency and capability assessment for this identified staff member confirmed that it had been reviewed recently and was completed appropriately.

Discussion with the registered manager and a review of records evidenced that arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

A review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. New staff were assigned a mentor to support and guide them during the induction period. A review of one staff member's induction record evidenced the record to be completed in full and was signed off by the registered manager on completion of the induction process.

A discussion with the registered manager and staff advised that face to face training was provided by both internal and external providers. There was a training matrix available to ensure that mandatory training requirements were met. A review of training records for 2015 evidenced significant gaps in regards to mandatory training compliance although a significant improvement was noted from a review of training records for 2016. The registered manager advised that this was attributed to more robust monitoring and that should staff fail to attend a training session they had to complete a form, to provide an explanation for non-attendance which was then reviewed by management and actioned accordingly. On the day of inspection training was undertaken in relation to Cardio Pulmonary Resuscitation (CPR). A discussion with the training facilitator advised that staff responded very positively to the provision of training and that management were excellent in ensuring that staff met their training requirements. The trainer shared a copy of the training programme and resources being used for the planned session with the inspector which evidenced that it met the standards for staff training and development.

A plan was in place to manage staff supervision and appraisals. On the day of inspection, the nursing sister was carrying out staff appraisals as per the available plan. Discussion with one registered nurse confirmed that the supervision and appraisal process was beneficial for continued professional development and re-validation.

Discussion with the registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered nurses and care staff were aware of how and whom to report any concerns to within the home and the trust safeguarding team. Annual refresher training was considered mandatory by the home.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risks and informed the care planning process.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous care inspection evidenced that these had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, and lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Patient's bedrooms were personalised with photographs, pictures and personal items. As previously discussed the home has notified RQIA of their plans to extend the home and refurbish some existing areas. A discussion with the registered person during the inspection advised that these works were due to commence July 2016. The completion of this project will further enhance the homes environment providing additional facilities for patients and staff and the home will only provide single bedroom accommodation. The home is commended for their efforts in this regard.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

A review of three patient care records evidenced that initial plans of care were based on the pre-admission assessment and referral information received by the commissioning Trust. A detailed plan of care was generated from the outcomes, of a range of validated risk assessments which were completed as part of the admission process and reviewed as required.

Care records accurately reflected that, where appropriate, referrals were made to other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and any recommendations made were adhered to.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. The registered manager and nurses advised that care management reviews were arranged by the local health and social care trust approximately six weeks post admission and thereafter annually. Records were available to evidence this process.

Supplementary care charts such as food and fluid intake records evidenced that records were in the majority maintained in accordance with best practice guidance, care standards and legislative requirements. It was noted that staff when recording were not always detailing the type of fluids taken. This matter was discussed with the registered manager who agreed to address this.

A review of records pertaining to the use of restraint and/or restrictive practice for an identified patient evidenced that this intervention had been managed and implemented in line with policy and best practice guidance. A record was available for "release schedules" although a sample review noted that these were not being recorded accurately and /or contemporaneously. A recommendation has been made.

Staff confirmed that they were kept informed of changes or concerns regarding patients' health and welfare by attending the handover reports held at the beginning of each shift. A review of the duty rota evidenced the times that nursing and care staff were required to attend the handover meetings. A registered nurse spoken with advised that a communication report was completed for all shifts and that care staff also held a communication book which recorded information regarding patients for example, any personal preferences, likes and/or dislikes.

Discussion with the registered manager and staff confirmed that staff meetings were scheduled on a quarterly basis for each department. A review of records evidenced that meetings had been held for each staff department for the first quarter of 2016. Records included a list of attendees, an agenda and actions discussed and agreed. Records reviewed evidence that staff were involved in the decision making process and the implementation of new initiatives. This is commended.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

Records reviewed evidenced that a relatives meeting had been held on 25 February 2016. The minutes referenced outcomes of RQIA inspections undertaken, regulation 29 monthly monitoring reports and an update in regards to any operational issues for the home. An action plan was generated and the importance of signing the action plan off was discussed with the registered manager, this has also been referred to in the “wed led” domain, section 4.6.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/ management and comments received were very complimentary. Patients and their relatives confirmed that the registered manager was very visible and was available to them on a daily basis.

We observed the lunch time meal served in the dining room. There were two sittings to ensure that the needs of the patients were met from a holistic view, for example, in terms of the level of assistance required and their social and communicative needs. A registered nurse was present in the dining room and staff were observed offering assistance and engaging with patients appropriately. Tables were set with tablecloths and condiments and specialised aids were used to help patients who were able to maintain some level of independence as they ate their meal. The food looked and smelt appetising and a discussion with the catering staff confirmed that they were knowledgeable of patients ‘dietary needs and advised the catering team had been involved recently in a menu review with specific reference to therapeutic meal choices. This is commended.

Areas for improvement

It was recommended that the record for “release schedules” used in regards to the use of restrictive practice and/or restraint is recorded in line with best practice and contemporaneously.

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| Number of requirements | 0 | Number of recommendations: | 1 |
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4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff interactions with patients were observed to be compassionate, caring and timely.

Patients were observed to be sitting in the lounges, dining room or in their bedroom as was their personal preference. A number of opportunities were observed when staff took time to find out what the patients wanted when it was not always apparent as some patients were not able to express their needs and wishes verbally. Staff were observed responding to patients’ needs respectfully and cheerfully and took time to offer and provide reassurance as was required from time to time. Staff spoken with were very knowledgeable regarding patients’ likes and dislikes and had a good knowledge of patients’ life stories which they used to engage with them.

Patients spoken with commented positively in regard to the care they received and their experience of living in Collegeland Nursing Home. Those patients who were unable to verbally express their views were observed to be relaxed and comfortable in their surroundings. Patient's personal appearances were presented to a high standard and there was evidence of staff's attention to detail; for example ladies wore neck scarfs and /or jewellery to accessorize their clothing. Discussion with staff reflected their enthusiasm, pride and desire to ensure that patients were cared for and presented to a high standard.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. A review of an assessment and care plan completed for one identified patient reinforced the importance of meeting their spiritual needs and the home had arranged for staff to accompany the patient to attend his community place of worship at least once per month. A record was kept to evidence when they attended. This is commended.

Relatives spoken with confirmed that a warm welcome was extended to them by all staff. They advised that they felt confident that if they raised a concern or query with the registered manager or staff, their concern would be addressed appropriately.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

Records were available to evidence that meetings were held on a monthly basis with patients to gain their opinions and feedback regarding life in Collegeland Nursing Home.

The registered manager advised that Collegeland Nursing Home was one of the few homes in Northern Ireland signed up to the John's Campaign. A campaign for the right of people with dementia to be supported by their carers during hospital stays. This is commended.

The registered manager advised that questionnaires had been issued to patients and their representatives during May 2016. A review sample of returned questionnaires evidenced satisfaction in regards to the standard of care, communication, quality of food and overall management of the home. Additional comments provided were very complimentary and positive.

As part of the inspection process, questionnaires were issued to patients (five), patient representatives (10) and staff (10). All comments on the returned questionnaires were very positive with one comment stating "the care is out of this world". Seven questionnaires were also returned by staff at time of writing this report and all responded with very positive responses.

Areas for improvement

No areas for improvement were identified during the inspection.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with, were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

A copy of the complaints procedure was displayed in the home. Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Staff, patients and their representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients knew who the registered manager and registered person were.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, a suite of audits were completed on a monthly basis in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents.

The results of audits had been analysed and an action plan was generated and although the registered manager advised that appropriate actions had been taken there was no evidence in the audit records examined that the areas for improvement or actions had been re-audited to check compliance. The completion of the audit cycle to ensure quality improvement was discussed with the registered manager and a recommendation has been made.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that the monthly monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and copies of the reports were available for patients, their representatives, and staff and Trust representatives. An action plan was generated to address any areas for improvement. Discussion with the registered manager and a review of relevant records evidenced that areas identified in the action plan had been addressed appropriately and followed up at the next visit.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff spoken with acknowledged the improvements and progress made since the registered manager had come in to post (April 2014) and one staff member stated that she had “brought harmony to the home”. The management and staff are commended for their continuous efforts to make “Collegeland” a good place to live.

Areas for improvement

Areas for improvement identified during the auditing process should be re-audited or signed off to ensure that the required improvements have been made and compliance with best practice is achieved and sustained.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 1 |
|-------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements: No requirements resulted from this inspection.

Recommendations

Recommendation 1

Ref: Standard 4

Stated: First time

To be completed by:
1 July 2016

It is recommended that records for “release schedules” completed for the use of restraint and or restrictive practices are recorded in line with best practice guidelines and contemporaneously.

Ref: Section 4.4

Response by registered person detailing the actions taken:
The "release schedules" for the use of restraint and/or restrictive practices are now recorded at the time of release.

Recommendation 2

Ref: Standard 35.16

Stated: First time

To be completed by:
1 July 2016

It is recommended that areas for improvement and/or actions identified during the auditing process should be re-audited or signed off to ensure that the required improvements have been made and compliance with best practice is achieved and sustained.

Ref: Section 4.6

Response by registered person detailing the actions taken:
Actions identified during the auditing process are now re-audited and signed off to ensure the required improvements have been made.

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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